

Request for Qualifications No. 17-016
PEACH COUNTY
GEORGIA
Civil Engineering Services
Peach County Russell Parkway Extension

PURPOSE:

The PEACH COUNTY BOARD OF COMMISSIONERS is soliciting a statement of qualifications from companies to provide Civil Engineering Services for the 1-mile extension of Russell Parkway in Peach County, GA.

By issuing this Request for Qualifications (RFQ), Peach County is requesting a statement of qualifications (hereafter referred to as a "response") for Civil Engineering Services (RFQ 17-016). Instructions for preparation and submission of a response are contained in this packet. Responses must be typed or printed in ink.

Responses will be received in the Peach County Board of Commissioners Office, 213 Persons Street, Fort Valley, Georgia 31030, until April 18, 2017 at 2:30 p.m. local time. At that time responses shall be opened in public to verify completeness. Responses will not be made public until prequalified contractor(s) are established by the Peach County Board of Commissioners.

INTENT:

The Peach County Board of Commissioners intends to qualify one or more engineers or engineering firms for civil engineering services related to the 1-mile extension of Russell Parkway to a firm or firms who have extensive experience in this field.

ADDITIONAL INFORMATION / ADDENDA

The County reserves the right to amend this RFQ. Any changes to the RFQ will be communicated via Peach County web site. It is the responders' responsibility to check for any addenda issued for this RFQ prior to submitting the response.

Respondents that are planning to respond to this RFQ are asked to contact the Purchasing Manager to submit their contact information for a responders list.

All questions concerning this invitation and all questions arising before the evaluation of responses are to be addressed to the Purchasing Manager at the following mailing address, email address, or fax number:

Peach County Board of Commissioners Office
Attn. Clarice Davis, Purchasing Manager
213 Persons Street, Fort Valley, GA 31030
Clarice-davis@peachcounty.net
Fax: (478) 825-2678
Phone: (478) 825-2535

To maintain a "level playing field", and to assure that all respondents receive the same information, respondents are requested to NOT contact anyone other than the contact above

until after the list of prequalified engineers or engineering firms is established by the Peach County Board of Commissioners.

The County will recognize only communications which are in writing and signed. The County shall not be responsible for oral interpretations given by any County employee, representative, or others. The issuance of addenda is the only official method whereby interpretation, clarification, or additional information can be given.

All questions or requests for additional information must be received three (3) days prior to the RFQ closing to allow ample time to post any addenda or changes if necessary. The County will provide written answers to all questions it receives, and will distribute those answers to all respondents who have received a RFQ package and submitted their contact information to the Peach County Purchasing Department and addenda posted on the Peach County Web Site.

Respondents should check with the Purchasing Office or the Peach County website frequently during the process to verify that they have received all issued addendums. Respondents have the responsibility of making sure that they have received all issued addendums. Addendums are posted on the website at www.peachcounty.net

RESPONSE SUBMITTAL

Responses shall clearly indicate the legal name, address, e-mail address, and business telephone number of the Respondent (company, firm, partnership, or individual). All expenses for responses to this RFQ are to be borne by the Respondent. Peach County reserves the right to retain all responses submitted.

Two bound paper copies and five CDs with an electronic computer file of the complete response in Adobe PDF format shall be submitted in one sealed package, clearly marked on the outside "RFQ # 17-016 Civil Engineering Services for Russell Parkway" addressed to:

Peach County Board of Commissioners
Purchasing Department
Attn: Clarice Davis
213 Persons Street
Fort Valley, Georgia 31030

All terms stated in the responses to this RFQ shall remain valid for a period of not less than ninety days from the date of the RFQ opening.

Any respondent that fails to provide required information outlined below and elsewhere in the RFQ may have its response rejected for being non-responsive.

QUALIFICATIONS OF RESPONDENTS:

In evaluating responses, the County may seek additional information from any respondent regarding its qualifications to perform the expected services.

1. The respondent's representative shall be one who has extensive experience in the design of roads and civil engineering related to road design elements including but not limited to grading, drainage, pollution and erosion and sediment control, wetlands delineation/State Water permit applications/variances, road geometry, MUTCD standards, pavement design, geotechnical requirements, specifications, and surveying. In addition, respondent must have extensive experience with the production of engineering documents including but not limited to plan preparation, hydrology report preparation, permitting requirements, cost estimation, earthwork calculations, utility

design, easement and/or right-of-way documentation preparation and negotiations, NPDES sampling and inspections, Georgia Notice of Intent (NOI) and Notice of Termination (NOT) preparation and construction management, administration and/or testing.

2. Respondents must have a current business license and a Professional Engineering license in Georgia and provide a copy of those licenses with the submittal of its response.
3. Responses from any respondent that is in default on the payment of any taxes, license fees, or other monies due to Peach County will not be considered.
4. Respondents must certify that they comply with Title VI of the Civil Rights Act of 1964, the Anti-Kickback Act, the Contract Work Hour Standard Act, and the National Occupational Safety and Health Act of 1970.
5. Respondents must certify that they do not and will not maintain or provide for their employees any facilities that are segregated on a basis of race, color, creed, or national origin.

PROPRIETARY INFORMATION

Careful consideration should be given before submitting confidential information to Peach County. The Georgia Open Records Act permits public scrutiny of most materials collected as part of this process. Please clearly mark any information that is considered a trade secret, as defined by the Georgia Trade Secrets Act of 1990, O.C.G.A. §10-1-760 et seq., as trade secrets are exempt from disclosure under the Open Records Act. Peach County does not guarantee the confidentiality of any information not clearly marked as a trade secret.

RESPONSE CRITERION:

The information provided in this section is intended to assist the respondent regarding the various criteria required to allow the County to evaluate each response. The following descriptions directly correspond to the factors listed in the section titled "Evaluation Methodology" on page 4 of this RFQ.

The County reserves the right to verify the accuracy of any information provided in the response. Any respondent that intentionally exaggerates, omits, or otherwise falsifies information in its response will be removed from consideration, have its prequalified status revoked, or have its contract terminated, depending upon when the offense is discovered.

1. Please provide the name, title, address, telephone No., e-mail address, and fax number of the individual(s) responsible for responding to this response.
2. Summarize or outline any similar work performed for Peach County.
3. Summarize or outline any similar work performed throughout middle Georgia and the Southeast.
4. The respondent shall provide a detailed list of available key personnel, office locations, and equipment that will be available to perform the work. The list shall include the hourly rates that will be charged for each employee classification (principal engineer, engineer, drafter, secretary, incidental expenses, etc.). The respondent shall clearly note the markup on purchased materials, reimbursable expenses, and any minimum time charges for services. Cost data submitted in response to this RFQ will not be contractual, but should reflect the best estimate of the respondent's expected fees.
5. The engineer or engineering firm awarded this work will be expected to provide oversight of all engineering related services (surveying, soil and materials testing, deed and easement preparation, wetlands delineation, etc.) throughout all phases of this project from the initial survey to the final inspection. Peach County acknowledges that the

engineer most likely will use subcontractors that specialize in required various disciplines. Therefore, the respondent shall provide a list of any subcontractors that they expect will be used for this project and outline of the subcontractors specialized discipline and qualifications. Subcontractors submitted in response to this RFQ will not be contractual, but should reflect the best assessment of subcontractors that will be used and/or minimum qualifications of alternate subcontractors.

6. The respondent is encouraged to provide at least one copy of construction plans, specifications, pictures, and/or report(s) for a completed road project.
7. The respondent shall provide a list of at least three references for which similar engineering services have been performed. All references shall include the person's name, position title, company/organization name, mailing address, telephone number, and e-mail address. The respondent is also encouraged to provide some indication of how the reference is familiar with the respondent's work (e.g. specific projects, contracts). Please do not use any Peach County employees as references.
8. The respondent shall report any legal action (e.g. judgments, settlements) incurred as a result of its work within the past three years. The respondent should provide a brief description of the background and status of each legal issue. However, if the respondent has not incurred any such legal action within this period of time, the respondent should provide a statement affirming this fact.
9. The respondent shall provide a brief overview and history of the company. If not indicated elsewhere in the response, the respondent should also provide sufficient information to answer the following questions:
 - a. How long have key personnel worked for their respective employers?
 - b. How long have key personnel worked in their respective positions/roles?
 - c. What education, training and/or experience are responsible for key personnel competency in this area?
10. Respondents shall provide insurance certificate(s) as proof that the respondent carries the minimum insurance required of all contractors doing business on site in Peach County. The following minimum limits must be met:
 - a. Worker's Compensation and Employer's Liability insurance in an amount of not less than \$500,000.00 each accident, each disease, to protect the Contractor from any liability or damages for any injuries (including death and disability) to any of its employees, volunteers, or subcontractor, including any and all liability or damage which may arise by virtue of any statute or law in force within the State of Georgia, or which may be herein after enacted.
 - b. Comprehensive General Liability insurance in an amount of not less than \$1,000,000.00 per occurrence, \$2,000,000.00 Policy Limit to protect the Contractor, its subcontractors, and the interest of the County, against any and all injuries to third parties, including bodily injury and personal injury, wherever located, resulting from any action or operation under the Contract or in connection with the contracted work. The General Liability insurance shall also include the Broad Form Property Damage Liability endorsement, in addition to coverage for explosion, collapse, and underground hazards, where required.
 - c. Business Auto Liability insurance in an amount of not less than \$1,000,000.00 per occurrence, \$2,000,000.00 Policy Limit to protect the Contractor, its subcontractors, and the interest of the County, against any and all injuries to third parties, including bodily injury and personal injury, wherever located, resulting from any action or operation of automobiles or vehicles.
 - c. Professional Errors and Omissions insurance in an amount of not less than \$1,000,000.00 per occurrence, \$2,000,000.00 Policy.

EVALUATION METHODOLOGY

All complete responses will be evaluated according to the following factors:

Factor	Evaluation Weight
Relevant Work Experience	25%
Dedicated Resources	25%
Example Plans and Reports	15%
References	15%
Legal Issues	10%
Cost Data	5%
Overview and History	5%

GENERAL INFORMATION

No responses received after the deadline or at any place other than the submittal location stated in the RFQ shall be considered. No responsibility shall attach to Peach County for the premature opening of a response not properly addressed and identified.

Peach County may make such investigations deemed necessary to determine the ability of the respondent to perform the work and ensure there is no conflict of interest as it relates to the project. The respondent shall furnish to the County any additional information and financial data for the purpose as the County may request. The data may include a detailed and up-to-date list of plant equipment and materials which respondent proposes to use, indicating which portions he already possesses and a detailed description of the method and program or work to be done.

All questions or requests for additional information must be received three days prior to the RFQ closing to allow ample time to post any addenda or changes if necessary. The County will provide written answers to all questions it receives, and will distribute those answers to all respondents who have received an RFQ package and submitted their contact information to the Peach County Purchasing Department and addenda posted on the Peach County Web Site.

Addendum and Supplement to Request - If it becomes necessary to revise any part of this RFQ, or if additional data are necessary to enable an exact interpretation of provisions of this RFQ, an addendum will be issued. It is the responsibility of the party submitting the proposal to ensure that they have received all addendums prior to submitting a response. **All addendums must be initialed and attached to the response.** Failure to include addendums may be ample cause for rejection of the response as non-responsive.

Miscellaneous Requirements - The County will not be responsible for any expenses incurred by the Respondent in preparing and submitting a response. All responses shall provide a straightforward, concise delineation of the Respondent's capabilities to satisfy the requirements of this RFQ. Emphasis should be on completeness and clarity of content.

SUBMISSION OF RESPONSE:

Sealed responses must be received by the Board of Commissioners Office Purchasing Department **BEFORE** 2:30 p.m., on April 18, 2017. Responses may be mailed or hand delivered to the Peach County Board of Commissioners Office, Purchasing Department, Attn. Clarice Davis, 213 Persons Street, Fort Valley, Georgia 31030.

WITHDRAWAL OF RESPONSE:

A respondent may withdraw its response before the deadline, without prejudice to the respondent, by submitting a written request of withdrawal to the Peach County Purchasing Office.

REJECTION OF RESPONSE:

The Peach County Board of Commissioners (BOC) may reject any and all responses, and must reject a response of any party who has been delinquent or unfaithful in any formal contract with Peach County. Also, the County reserves the right to waive any irregularities or informalities in any response in the classification procedure. Peach County shall be the sole judge as to which responses are best, and in ascertaining this, will take into consideration the business integrity, resources for performing the work, and experience in similar operations of the various respondents.

The Peach County BOC in its absolute discretion, may reject any response of a respondent that has failed, in the opinion of the Board, to complete or perform a Peach County contracted project in a timely fashion or has failed in any other way, in the opinion of the Board, to perform a prior contract in a satisfactory manner, and has directed the Peach County Purchasing Manager to emphasize this condition to potential respondents.

All responses must be received and in-hand at the deadline. Each respondent assumes the responsibility for having its response received at the designated time and place of the deadline. Responses received after the deadline may be subject to rejection without consideration, regardless of postmark. Peach County accepts no responsibility for mail delivery.

Pre-Submittal Meeting:

A pre-submittal meeting will be conducted April 13, 2017 at 9:00 a.m. at the Peach County Board of Commissioners Office conference room located at 213 Persons Street Fort Valley, GA 31030. The purpose of the meeting is to provide further information regarding the requested scope of work and services desired by Peach County and to help the potential respondents determine if they possess the required expertise required to meet Peach County's needs and requirements. Attendance of the pre-submittal meeting is not mandatory, but is recommended.

RESPONSE FORM FOR RFQ # 17-016

Instructions: Complete all THREE parts of this bid form.

PART I: Bid Summary

Not Applicable

PART II: Addenda Acknowledgements (if applicable)

Each respondent is responsible for determining that all addenda issued by the Peach County Purchasing Department have been received before submitting a response.

Addenda	Date Received	Initials
"1"		
"2"		
"3"		
"4"		
"5"		
"6"		

PART III: Respondent Information:

Business Entity Name	
Address	
Telephone	
E-Mail	
Designated Representative's Printed Name	
Designated Representative's Signature	
Date Submitted	

Respondent's

(Signature)

Name of Signer (Print)

Title of Signer (Print)

Date

Submit the following completed documents with the Response packages. **Responses not containing the following completed documents will be considered “non-responsive” and may be rejected for consideration:**

- Response Form (completed and signed)
- Certification by Contractor, Non-Segregated Facilities (Signed and Dated)
- Certification by Contractor, Drug-Free Workplace Act (Signed and Dated)
- Non-Collusion Affidavit or Prime Contractor (Signed, notarized, and dated)
- Conflict of Interest Certification (Signed and Dated)
- Vendor Information Sheet (Completed, Signed and Dated)
- Form W9 (Taxpayer Identification Number)
- SAVE Affidavit (all contractors, or vendors) (Signed, notarized, and dated)
- Sub-Contractor E-Verify Affidavit (all contractors, subcontractors or vendors that are not sole proprietors with zero employees) (Signed, notarized, and dated)
- Insurance Certificate(s) verifying required insurance:
 - Certificate of Liability Insurance
 - Certificate of Workers Compensation Insurance
 - Certificate of Automobile Liability Insurance
- Sole Proprietor Contractor Affidavit (only contractors or vendors with no employees) (Signed, notarized, and dated)
- Photo Identification (only if vendor or contractor is a Sole Proprietor)(see attached list of acceptable documents)
- Addendum acknowledgement initialed by Contractor if applicable

The successful Respondent or respondents whose response is selected by the Board of Commissioners shall be required to submit a detailed cost proposal for Civil Engineering Services related to the Russell Parkway one mile extension project within ten days of notification that they have been pre-qualified by the Peach County Board of Commissioners.

CERTIFICATION BY CONTRACTOR

Regarding: NON-SEGREGATED FACILITIES

The **Contractor** certifies that he does not, and will not, provide and maintain segregated facilities for his employees at his establishments and, further that he does not, and will not, permit his employees to perform their services at those locations, under his control, where segregated facilities are provided and maintained. Segregated facilities include, but are not necessarily limited to, drinking fountains, transportation, parking, entertainment, recreation, and housing facilities; waiting, rest, wash, dressing, and locker rooms, and time clock, **Work**, storage, restaurant, and other eating areas which are set apart in fact, or by explicit directive, habit, local custom, or otherwise, on the basis of color, creed, national origin, and race. The **Contractor** agrees that, except where he has obtained identical certifications from proposed subcontractor for specific time periods, he will obtain identical certifications from proposed subcontractor prior to the award of subcontracts exceeding \$10,000.00 which are not exempt from the provisions of the Equal Opportunity clause, and that he will retain such certifications in his files.

The **Contractor** agrees that a breach of this certification is a violation of the Equal Opportunity clause in this Contract. The penalty for making false statements is prescribed in 18 U.S.C. 1001.

Contractor (Print)

(Signature)

Name of Signer (Print)

Title of Signer

Date

CERTIFICATION BY CONTRACTOR

Regarding: Drug-Free Workplace Act

The Contractor certifies that provisions of Sections 50-24-1 through 50-24-6 of the Official Code of Georgia annotated, relating to the “Drug-Free Workplace Act” have been, and will be, complied with in full. Including compliance by sub-contractors performing work under this agreement.

Contractor (Print)

(Signature)

Name of Signer (Print)

Title of Signer

Date

NON-COLLUSION AFFIDAVIT OF PRIME CONTRACTOR

State of _____), County of _____)

_____, being first duly sworn,
deposes and says that:

1. He/She is _____ (Owner, Partner, Officer, Representative, or Agent) of the **Contractor** that has submitted the attached **Bid**;
2. He/She is fully informed respecting the preparation and contents of the attached **Bid** and of all pertinent circumstances respecting such **bid**;
3. Such **Bid** is genuine and is not a collusive or sham **Bid**;
4. Neither the said **Contractor** nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other **Contractor**, firm or person to submit a collusive or sham **Bid** in connection with the Contract for which the attached **Bid** has been submitted to or refrain from Proposing in connection with such Contract, or has in any collusion or communication or conference with any other **Contractor**, firm or person to fix the price or prices in the attached **Bid** or of any other **Contractor**, or to fix any overhead, profit or cost element of the **Bid** price or the **Bid** price of any other **Contractor**, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against Peach County or any person interested in the proposed Contract; and,
5. The price or prices bid in the attached **Bid** are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the **Contractor** or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) _____

Name _____ (Print)

Title _____ (Print)

Subscribed and sworn to before me

This _____ day of _____ 20__

(SEAL)

Title

CONFLICT OF INTEREST CERTIFICATION

By signing and submitting this Bid I hereby certify that employees of this company or employees of any company supplying material or subcontracting to do **Work** on this Contract will not engage in business ventures with employees of Peach County or Peach County Consultants nor shall they provide gifts, gratuities, favors, entertainment, loans, or other items of value to employees of Peach County.

Also, by signing and submitting this Contract, I hereby certify that I will notify Peach County through its Director of Public Works of any business ventures entered into between employees of this company or employees of any company supplying material or subcontracting to do **Work** on this Contract with a family member of Peach County employees.

Contractor

(Signature)

Name of Signer

Title of Signer

Date

VENDOR INFORMATION

COMPANY NAME: _____

CONTACT PERSON: _____ TITLE: _____

BUSINESS ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

TYPE OF BUSINESS: (CIRCLE ONE) CORPORATION PARTNERSHIP SOLE PROPRIETOR

Have you done business with Peach County in the past? (circle one) YES NO

Do you participate in the E-Verify Program? (circle one) YES NO

Do you have a Federal Tax ID number? (circle one) YES NO

The information contained in this document is true to the best of my knowledge and I understand that giving false, misleading or deceptive information is considered unlawful and may be punishable by penalties of prosecution based on Georgia law.

Signature

Date

Revised August 2014

Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
Print or type See Specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see Instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																					
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																					
	Social security number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																				
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																					
Employer identification number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																					

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT (OCGA 13-10-91)

CONTRACTOR E-VERIFY AFFIDAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of **PEACH COUNTY BOARD OF COMMISSIONERS** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in OCGA § 13-10-91. Furthermore, the undersigned contractor will continue to use E-Verify throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by OCGA § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number
(4-6 digit number can be found on MOU)

Date of Authorization

Name of Contractor

Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

Revised August 2014

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT (OCGA 13-10-91)

SUBCONTRACTOR E-VERIFY AFFIDAVIT

SUBCONTRACTOR'S NAME: _____

CONTRACTOR'S NAME: _____

By executing this affidavit, the undersigned Subcontractor verifies its compliance with OCGA § 13-10-91, stating affirmatively that the Subcontractor which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of PEACH COUNTY BOARD OF COMMISSIONERS has registered with and is participating in the E-Verify program in accordance with the applicability provisions and deadlines established in OCGA 13-10-91.

Federal Work Authorization User Identification Number
(4-6 digit number can be found on MOU)

Date of Authorization

Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

Revised August 2014

SOLE PROPRIETOR EXEMPTION AFFIDAVIT

The undersigned sole proprietor of _____ verifies that they are exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation has no employees other than themselves and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions.

In making this representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Type of secure and verifiable document provided
[Attach copy i.e. driver's license, passport etc.]

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__

NOTARY PUBLIC
My Commission Expires:

Revised August 2014

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation has NO employees that you are the sole proprietor of _____ and are not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, 201__ in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

* This affidavit is for submissions made on or after to July 1, 2013.

Revised August 2014

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2012 by the Office of the Attorney General Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

Any secure and verifiable document presented must not be expired. If expiration occurs during contract/benefit period, a current document must be presented to maintain compliance.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3), 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3), 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (sENTRI) card [O.C.G.A. § 50-36-2(b)(3), 22 CFR § 41.2]
- A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3), 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3), 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]